BEAVERTON RURAL SCHOOL DISTRICT
www.beavertonruralschools.com

ENROLLMENT PACKET

Superintendent ........................................................................................................ Mrs. Susan Wooden
Phone: 989-246-3000 / Fax: 989-435-7631

Jr/Sr High School Principal – 7th-12th Grades.......................... Mr. Ryan Roberts
Jr/Sr High School Assistant Principal – 7th-12th Grade........Ms. Jennifer Johnston
Phone: 989-246-3010 / Fax: 989-246-3366

Elementary School Principal – Grades K-6................................. Mr. Michael Bassage
Elementary School Assistant Principal – Grades K-6..............Mrs. Renee Inscho
Phone: 989-246-3020 / Fax: 989-246-3740

Transportation Supervisor ................................................................. Mrs. Marietta Andrist
Phone: 989-435-9474 / Fax: 989-435-2054

REGISTRATION CHECKLIST

☐ Birth Certificate ☐ Custodial Documentation
☐ Immunization Record ☐ Affirmation of Prior Discipline Record
☐ Registration Form ☐ Student in Transition Form
☐ Emergency Medical Information ☐ Request for School Records
☐ Transportation Information ☐ Free & Reduced Lunch Application
☐ Proof of Residency ☐ 30-Day Placement
Beaverton Rural School District
Registration Form
Date: __________________________

STUDENT NAME: ________________________________________________________

(As it appears on Birth Certificate):  LAST  FIRST  MIDDLE  GENDER: _________

ADDRESS: ________________________________________________________________

GRADE: __________  BIRTHDATE: __________

BIRTHPLACE: ___________________________________  ENROLLMENT DATE: __________

CITY  STATE/COUNTRY  1st DAY STUDENT WILL BE IN SCHOOL

ETHNICITY: Is this student Hispanic/Latino (Choose only one)

_____ No, not Hispanic/Latino  _____ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto
Rican, South or Central American, or other Spanish culture
or origin, regardless of race.)

RACE: (use percentages to rank ethnic groups in order)

_____ American Indian or Alaska Native  _____ Native Hawaiian or Other Pacific Islander

_____ Asian American  _____ White

_____ Black or African American  _____ Hispanic or Latino

LANGUAGE SPOKEN IN HOME: ________________________________

HAS YOUR CHILD EVER BEEN ENROLLED IN A SPECIAL EDUCATION CLASSROOM SETTING? __________________

IF YES, CIRCLE ALL THAT APPLY:  SPECIAL ED CLASSES  SPEECH  OT/PT  SOCIAL WORK  504 PLAN  OTHER

RESIDENCY INFORMATION

IS THE STUDENT A RESIDENT OF BEAVERTON RURAL SCHOOL DISTRICT? ______ YES     ______ NO

IF NOT, WHAT DISTRICT DO YOU LIVE IN? _______________________________________

WHAT COUNTY DO YOU LIVE IN? ___________________________  TOWNSHIP? _______________________

WHERE IS THE STUDENT LIVING NOW? (check one box)

[ ] in a one family dwelling  [ ] with more than one family in a house or apartment

[ ] in a car  [ ] in a trailer park or campsite  [ ] with friends/family members (other than parent/guardian)

[ ] in a shelter  [ ] in a motel or hotel  [ ] none of the above ______________________________

WITH WHOM DOES THE STUDENT RESIDE (Please circle one):  Mother & Father  Mother & Step-Father

Father & Step Mother  Foster Parent(s)  Grandparents  Other ______________________

RESIDENCY VERIFICATION AFFIDAVIT:
According to State Attorney General Opinion No. 5925, school districts have the right to ask new enrollees to prove residency. By
signing the affidavit, you are affirming that the address given on all enrollment forms is the legal residence of the parent/guardian
enrolling the student and is the residence of the student.

Verification of residency may be made with any two of the following (circle):  Drivers License or Registration  Lease Agreement
Moving Bill  Insurance Forms  Purchase agreement  Utility Bill  Other  __________________________

Last Revised: 8/9/2018 @ 3:23:09 PM
PARENT SIGNATURE

PARENT/GUARDIAN INFORMATION:

Primary Residence:

NAME: ___________________________ RELATIONSHIP TO STUDENT: ____________________

i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: ___________ GENDER: ___________ MARITAL STATUS: ________________

MALE/FEMALE MARRIED/DIVORCED/SINGLE

E-MAIL ADDRESS: __________________________

HOME PHONE: ______________ WORK PHONE: ______________ CELL PHONE: ______________

NAME: ___________________________ RELATIONSHIP TO STUDENT: ____________________

i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: ___________ GENDER: ___________ MARITAL STATUS: ________________

MALE/FEMALE MARRIED/DIVORCED/SINGLE

E-MAIL ADDRESS: __________________________

HOME PHONE: ______________ WORK PHONE: ______________ CELL PHONE: ______________

NAME: ___________________________ RELATIONSHIP TO STUDENT: ____________________

i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: ___________ GENDER: ___________ MARITAL STATUS: ________________

MALE/FEMALE MARRIED/DIVORCED/SINGLE

E-MAIL ADDRESS: __________________________

HOME PHONE: ______________ WORK PHONE: ______________ CELL PHONE: ______________

RECEIVE COPIES OF STUDENT INFORMATION (PROGRESS REPORTS, REPORT CARDS, ETC) □ YES □ NO

Secondary Residence:

NAME: ___________________________ RELATIONSHIP TO STUDENT: ____________________

i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: ___________ GENDER: ___________ MARITAL STATUS: ________________

MALE/FEMALE MARRIED/DIVORCED/SINGLE

E-MAIL ADDRESS: __________________________

HOME PHONE: ______________ WORK PHONE: ______________ CELL PHONE: ______________

NAME: ___________________________ RELATIONSHIP TO STUDENT: ____________________

i.e. FATHER, MOTHER, ETC

DATE OF BIRTH: ___________ GENDER: ___________ MARITAL STATUS: ________________

MALE/FEMALE MARRIED/DIVORCED/SINGLE

E-MAIL ADDRESS: __________________________

HOME PHONE: ______________ WORK PHONE: ______________ CELL PHONE: ______________

RECEIVE COPIES OF STUDENT INFORMATION (PROGRESS REPORTS, REPORT CARDS, ETC) □ YES □ NO

COMMENTS: ____________________________________________

_______________________________________________________

**Please Provide Copy of Custody Order or Any Other Court Documentation Restricting Contact**
OTHER CHILDREN LIVING IN HOUSEHOLD:

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE/GRADE</th>
<th>School Attending</th>
<th>Relationship to Student</th>
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LAST SCHOOL ATTENDED:_____________________________________________________________________

ADDRESS: ________________________________________________________________________________

STREET ADDRESS ______________________ CITY ________ MI ________ ZIP CODE ________________

LAST DATE OF ATTENDANCE AT PREVIOUS SCHOOL: ______________________________________________

Student Vehicle Information (High School Only)

WILL THE STUDENT BE DRIVING A VEHICLE TO SCHOOL?  □ YES  □ NO

If Yes:

Year ______________________

Make ______________________

Model ______________________

License Plate ________________
EMERGENGY MEDICAL INFORMATION

In case of emergency or your child becomes ill or injured at school and we cannot reach you, we will notify the person’s listed below in order of contact choice.

1. ________________________________ Phone # __________________________
   LAST                  FIRST
   Relationship to student: __________________________ Release Student to Contact:  Yes  No

2. ________________________________ Phone # _________________
   LAST                  FIRST
   Relationship to student: __________________________ Release Student to Contact:  Yes  No

3. ________________________________ Phone # __________________________
   LAST                  FIRST
   Relationship to student: __________________________ Release Student to Contact:  Yes  No

In case of emergency and you cannot be reached, your child will be sent to the nearest medical center for medical treatment.

Emergency medical conditions/problems (check all that apply)

☐ Nothing known  ☐ Multiple allergies  ☐ Asthma
☐ Medical Waiver  ☐ Epileptic  ☐ Nose bleeds
☐ Rheumatic Fever  ☐ Iodine allergy  ☐ Kidney problems
☐ Cardiac  ☐ Special blood condition  ☐ Attention Deficit Disorder
☐ Hemophiliac  ☐ Sulfur allergy  ☐ Hearing problems
☐ Diabetic  ☐ Muscle weakness  ☐ Other: __________________________
☐ Aspirin Allergy  ☐ Headaches  ☐ Allergic to bee stings
☐ Penicillin allergy

MEDICATION CHILD IS PRESENTLY TAKING DURING THE SCHOOL DAY AND/OR AT HOME:

1. ________________________________  4. ________________________________
2. ________________________________  5. ________________________________
3. ________________________________  6. ________________________________

DOES YOUR CHILD HAVE GLASSES TO BE WORN IN THE CLASSROOM?  ☐ YES  ☐ NO

PLEASE LIST ANY ALLERGIES OR MEDICAL PROBLEMS THAT THE SCHOOL SHOULD BE AWARE OF: __________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

SIGNATURE OF PARENT/GUARDIAN ____________________________ DATE __________________________
BEAVERTON RURAL SCHOOL - TRANSPORTATION DEPARTMENT
** FOR DAYCARE PURPOSE ONLY MUST BE A SET SCHEDULE **

Bus Waiver Form

Name of Child ____________________________________________________________

Home Address ____________________________ ____________________________

City __________________ Zip ______________ Building ____________________ Grade __________

Home Location: (Between what two roads, major landmarks, color or style, etc): ________________________________________________________________

______________________________________________________________

Effective Date __________________________ Current Date __________________

Reason for change__________________________________________________

__________________________

______AM Pick Up Mon Tues Wed Thu Fri (Circle am days childcare or parent 2 is needed)
______PM Drop Off Mon Tues Wed Thu Fri (Circle pm days childcare or parent 2 is needed)

_____Half days and Early dismissals ONLY

_____SPARKS ONLY

Childcare Provider / Parent 2 Name ________________________________________

Address ________________________________________________________________

Childcare Provider / Parent 2 Phone___________________________

Home Location: (Between what two roads, major landmarks, color or style, etc): ________________________________________________________________

** We the parents assume all responsibility for this transfer and waiver any liability or responsibility of the Board of Education of Beaverton Rural Schools due to this change in schedule

Parent Signature________________________ Print Name __________________________

Home Phone ___________________________ Cell Phone __________________________

Work Phone ___________________________ Place of Work __________________________

Beaverton Schools Transportation
Phone (989) 435-9474 / Fax (989) 435-2054

For Office Use Only: Childcare Route #______________ Childcare Emblem______________
AFFIRMATION OF PRIOR DISCIPLINE RECORD

DIRECTIONS: Check the applicable paragraph, provide all appropriate information and sign this document.

Paragraph 1:

☐ The undersigned affirm that __________________________ has not been suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

Paragraph 2:

☐ The undersigned affirms that __________________________ has been suspended or expelled from a public or private school in Michigan or another state or for one or more offenses involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for an act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

If you checked paragraph 2, explain the circumstances in detail. Include the school name, dates of suspension or expulsion and a description of the incident giving rise to the suspension or expulsion.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

STUDENT SIGNATURE ___________________________ DATE ____________

PARENT/GUARDIAN SIGNATURE ___________________________ DATE ____________

Name of sending (former) School District: ____________________________________________

Sending School - Please check one:  ☐ According to our records, we can verify that the information provided above by the parent/student is correct.

☐ According to our records, the information provided above by the parent/student is not correct.

The student has been involved in offenses involving weapons, alcohol or drugs, or willful infliction of injury to persons or act of violence against persons and/or property committed on school premises, at a school sponsored activity, or on a public or private conveyance providing transportation to or from school or a school sponsored activity, please forward appropriate disciplinary documentation.

SIGNATURE OF SENDING DISTRICT ADMINISTRATOR ___________________________ TITLE ____________ DATE ____________
BEAVERTON RURAL SCHOOL DISTRICT  
REQUEST FOR SCHOOL RECORDS

Student Name ____________________________________ Date of Birth ____________________ Grade ____________________

Previous school attended: ______________________________________________________________________

Address: ______________________________________________________________________________________

____________________________________________________________________________________________

Records requested:

⇒ Student UIC# ____________________ ⇒ Special Education Files and Psychological Files
⇒ Official cumulative file ⇒ Grades to date
⇒ Grades to date ⇒ Discipline History
⇒ Discipline History ⇒ Attendance to date
⇒ Attendance to date ⇒ Current grade level _____
⇒ Current grade level _____ ⇒ Standardized Achievement, Intelligence & Aptitude Test Scores
⇒ Standardized Achievement, Intelligence & Aptitude Test Scores ⇒ Record of extra curricular activities

In sending this form, we are requesting information about one of your former students. Before we formally enroll the student, we are requesting that you answer the questions below about the above student.

1. Has the above named student been suspended or expelled from your school district? ______ If yes, please explain: ______________________________________________________________________________________

2. Is disciplinary action pending against this student? _____ If yes, please explain: ______________________________________________________________________________________

3. Was this student in a special education program in your school district? _____ If yes, please give student’s current placement: ______________________________________________________________________________________

4. Student’s last date of entry to your school? ____________ When was the student’s last day of attendance at your school? ____________

Parent Release Form: As parent or legal guardian for the above named student, I hereby authorize the release of all school records to the Beaverton Rural School District and request that they be sent to the address below at your earliest convenience.

____________________________________________________________________________________________

Parent/Guardian Signature ___________________________ Date ___________________________

Beaverton Elementary School (K-6) Beaverton Jr/Sr High School (7-12)
Attention: Candy Fischer Attention: Kristina Marcoux
PO Box 529, 440 S Ross Street PO Box 529, 3090 Crockett Road
Beaverton, MI 48612 Beaverton, MI 48612
Ph. 989-246-3020 Ph. 989-246-3010
Fax 989-246-3740 Fax 989-246-3366